

PEBB Medicare Advantage Plan Disenrollment Form

This is a request to disenroll from a PEBB Medicare Advantage plan.

(Please print in black ink.)

| I wish to disenroll from: | |
|--|--------------------------|
| Medical plan (Check one.) | Effective date of change |
| Group Health Cooperative <input type="checkbox"/> Group Health Medicare Advantage | |
| Kaiser Foundation Health Plan of the Northwest <input type="checkbox"/> Kaiser Permanente Senior Advantage | |
| <p>The Health Care Authority must process this form. Your enrollment in a Medicare Advantage plan will end on the last day of the month after your medical plan receives this completed form.</p> <p>If you are a retiree receiving benefits through the Department of Retirement Systems (DRS), the PEBB Program may share your information with DRS to better serve you.</p> <p>HCA's Privacy Notice: We will keep your information private as allowed by law. To receive our Privacy Notice, call 360-725-0442 or go to www.hca.wa.gov.</p> | |
| Subscriber's name | Date |
| Subscriber's signature | |
| Medicare number | |
| Spouse or qualified/state-registered domestic partner's name | Date |
| Spouse or qualified/state-registered domestic partner's signature | |
| Medicare number | |

2012 PEBB MEDICAL CONTRACTORS

Group Health Cooperative, 320 Westlake Ave. N., Suite 100, Seattle, WA 98109-5233
1-888-901-4636 or TTY 1-800-833-6388

Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232-2099
1-877-221-8221 or TTY 1-800-735-2900

Please return this form by mail to:

Washington State Health Care Authority
P.O. Box 42684
Olympia, WA 98504-2684
or fax to: 360-725-0771